

Neuropsychology Emphasis Area Training

Psychology Service at the VA Palo Alto Health Care System (VAPAHCS) offers a two-year clinical postdoctoral fellowship in the Neuropsychology emphasis area. The training program offers the first year of Neuropsychology emphasis area training as part of the existing APA-accredited Clinical Psychology Postdoctoral Fellowship, with the second year as an unaccredited advanced neuropsychology-focused fellowship contingent on satisfactory completion of the first year of training. The two-year postdoctoral training experience is designed to provide trainees with the experiences required to meet eligibility requirements for the ABPP Board Certification in Clinical Neuropsychology. Training in this emphasis area will focus on general and advanced practice competencies in clinical neuropsychological assessment and interventions of individuals with a variety of injuries, disabilities, and chronic health conditions. These may include traumatic brain injury, polytrauma, stroke, tumor resection, encephalopathy, motor disorders, neuromuscular and autoimmune disorders, Alzheimer's disease and other causes of dementia such as Parkinson's and Lewy Body disease, other CNS neurological disorders, and spinal cord and related disorders.

Training in the Neuropsychology emphasis area will integrate all seven of the core Division 40 domains delineating the practice of clinical neuropsychology: 1) Assessment, 2) Intervention, 3) Consultation, 4) Supervision, 5) Research and inquiry, 6) Consumer protection, and 7) Professional development. Fellows will sharpen skills relative to information gathering, history taking, and the selection and administration of tests and measures. The Fellow will continue to develop skills relative to interpretation, diagnosis, treatment planning, report writing, and the provision of feedback; be trained to identify targets for treatment intervention and to specify intervention needs; demonstrate competency relative to the formulation, development, and implementation of treatment plans, as well as monitoring and adjustment of those plans; and be able to assess treatment outcome, and recognize multicultural issues affecting treatment. While performing consultation, trainees will be evaluated relative to effective basic communication, and their ability to determine and clarify clinical and referral issues. Emphasis will be placed on the education of referral sources regarding neuropsychological services (strengths and weaknesses/limitations), communication of evaluation results and recommendations. Fellows will receive supervision relative to the selection of appropriate research topics, review of relevant literature, and the design and execution of research. Fellows will be supervised in the methods of effective teaching. Additionally, they will be supervised in the use of effective education technologies, and effective supervision methodologies.

The individualized **training plan** for the Neuropsychology Fellow will be developed with the assistance of a Primary Preceptor who will help plan the fellow's overall program, ensure sufficient depth and breadth of experience, and plan which of the Neuropsychology faculty will serve as supervisors during the fellowship year. The aim is to ensure attainment of general clinical competencies as well as to provide experience in emphasis area-specific competencies. The postdoctoral fellow may also be involved with research conducted within the VA Palo Alto research programs; these research opportunities may include program evaluations, submitting grant proposals, and/or studying the effectiveness of treatments for traumatic brain injuries, cognitive decline, and memory disorders in this population of patients. The Fellow will further his/her clinical experience in both inpatient and outpatient neuropsychological units/services offered at VAPAHCS. The Fellow has the opportunity to receive specific training at the following treatment centers and programs: the Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (PRC/CRC), Polytrauma Transitional Rehabilitation Program (PTRP), Spinal Cord Injury (SCI) inpatient unit and/or outpatient clinic, the Memory Clinic, the San Jose Mental Health Clinic, and the Neuropsychological Assessment and Intervention Clinic.

In order to gain competence in the wide range of professional activities performed by clinical neuropsychologists, the Fellow will spend the first training year with Inpatient Rehabilitation Units and the second year focusing on Outpatient Services. During the first year, two six-month, full-time rotations will allow the Fellows to become assimilated into the team dynamic and acquire or strengthen foundational skills to fill in gaps in previous training. The Fellow will also participate in a year-long minor with family therapy or other therapeutic modality such as PTSD, if available. The Fellow will attend the Psychology Postdoctoral Fellowship seminar series and case conference/journal club and the Neuropsychology/Geropsychology Seminar series during the first year, but not the second year.

During the second year, the focus will shift to outpatient experiences. The Fellow will join a team of neuropsychological consultants on treatment teams, and develop more autonomy in his/her professional and neuropsychological practice. The Fellow may choose between 4 three-month, OR 3 four-month, full-time rotations based upon their learning style and training needs and interests. During the second year, the Fellow will present at the psychology training program's Neuropsychology/Geropsychology Seminar series and attend selected Stanford didactics. In both training years, one day each week will be reserved for research and other professional development needs. One Preceptor will supervise research activity throughout both training years.

Within the clinical experiences in both emphasis areas, Fellows will receive a minimum of 4 hours of supervision from Psychology staff per week, with at least half of that provided as individual, face-to-face supervision and other supervision offered in group supervision, as part of team meetings, review of written reports, etc. In addition, neuropsychology didactic experiences include:

- 1) Neuropsychology/Geropsychology Seminar: Participation in this seminar series is required for Neuropsychology Fellows. It is offered for 1.5 hours three times per month throughout the year. One seminar per month features Neuropsychology and Rehabilitation psychology topics; two seminars per month feature Geropsychology topics. The majority of the meetings are primarily didactic, with periodic meetings emphasizing discussion of a relevant journal article/case presentation by staff, interns, and postdoctoral fellows. The seminars will address a wide range of topics in neuropsychology and geropsychology, as well as many topics which overlap these connected areas of interest such as dementia, substance abuse, psychopathology, and working with caregivers. Neuropsychology-focused topics will include the basics of brain organization and assessment, syndromes such as aphasia and spatial neglect, traumatic brain injury, cognitive rehabilitation, Alzheimer's disease, Parkinson's disease, Lewy body disease, other causes of dementia, cultural issues in assessment, and a variety of other topics.
- 2) Neuropsychology/Rehabilitation Psychology Journal Club. The Neuropsychology Fellow will be required to attend a once monthly neuropsychology/rehabilitation psychology specific journal club. The format of the didactic series will be varied but will include more advanced, formal instruction on a variety of instruments (e.g., advanced interpretation of the CLVT-II), neurological and psychological disorders, neuroanatomy, basic principles of neuroimaging, and preparation for board certification in both Neuropsychology and Rehabilitation Psychology, including fact-finding. The Journal Club will include both staff and trainee-led presentations of two articles (one review and one recent empirically-based article) to present to the group. The trainee/staff will lead the discussion regarding these articles and will discuss clinical implications of the topics at hand.
- 3) Brain Cutting. The Neuropsychology Fellows will attend monthly brain cutting offered through the Stanford University neuropathology department, along with other medical trainees. Attendance at these monthly brain cuttings will be mandatory for the Neuropsychology Fellow, and will take place for 1 hour per month.
- 4) Preparation towards Board Certification. The Neuropsychology Fellow will be required to attend a once monthly neuropsychology/rehabilitation psychology specific workshop focused on the board certification process during the second year of the fellowship. These workshops are designed to assist fellows in the ABPP preparation and application process.

This training has been developed in accordance with the APA Division 40 (Clinical Neuropsychology) guidelines for training in clinical neuropsychology.

Reviewed by: Maya Yutsis, Ph.D.
Date: July 14, 2014

Rotation Sites:

Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center

Supervisors: Neda Raymond, Ph.D.

Tiffanie Sim, Ph.D.

- 1. Patient population:** Military service members and veterans who have sustained multiple and severe injuries.
- 2. Psychology's role in the setting:** Provide neuropsychological and psychological screening and in depth assessment, cognitive rehabilitation, training regarding compensatory strategies, psychotherapy, patient and family education and training, and consultation with team members. Develop and provide ongoing staff trainings and education. Provide training and mentoring of junior colleagues and conduct supervision. Conduct applied research and program evaluation.
- 3. Other professionals and trainees in the setting:** Inter-professional team consisting of medicine, nursing, physical therapy, occupational therapy, audiology, speech pathology, neuropsychology, psychology, recreational therapy, social work, and other disciplines. Psychology interns may also be working in the setting.
- 4. Nature of clinical services delivered:** Neuropsychological assessment, cognitive rehabilitation/re-training, psychotherapeutic and behavioral interventions with individuals, couples, and family members around coping with injury/disability, acute stress reactions and/or PTSD, and consultation/training to other VA providers on providing care to these injured service members and veterans. Development of behavioral plans and interventions.
- 5. Fellow's role in the setting:** Direct clinical service provider (assessment and therapy); consultant, interdisciplinary team member, and liaison to other services. In addition, the fellow is expected to teach or provide training to members of other disciplines, direct a scholarly project or participate in research, and participate in program evaluation that informs clinical practice. The fellow may also have an opportunity to supervise psychology interns.
- 6. Amount/type of supervision:** One hour of structured individual supervision per week and additional individual supervision as needed. Observation during team meetings and consultation on research. Theoretical orientation combines neuro-rehabilitation psychology with cognitive-behavioral, psychoeducational, interpersonal, and systems approaches.
- 7. Didactics:** Psychology Postdoctoral Professional Development and Supervision series, Postdoctoral Case Conference/Journal Club, and Neuropsychology seminar.
- 8. Pace:** Moderate to rapid pace expected

Reviewed by: Maya Yutsis
Date: July 14, 2014

Polytrauma Transitional Rehabilitation Program (PTRP) **(Building MB2, PAD)**

Supervisors:

Maya Yutsis, Ph.D. ABPP-CN

Carey Pawlowski, Ph.D.

- 1. Patient population:** Active duty service persons and Veterans with a recently acquired brain injury or Polytrauma (1 month to 1 year post injury) whose parents live in the western US. Medical and neurologic diagnosis include but are not limited to traumatic brain injury, cerebrovascular accidents (strokes), complex medical histories and non-traumatic amputations, tumor resection, encephalopathy or any CNS neurological disorder, motor-neuron disorders (Parkinson's, MS, ALS), and complex psychiatric history including PTSD, depression, anxiety, bipolar disorder Type I and II. Focus is on the neurocognitive rehabilitation and re-integration back to the community, return to work, school, and/or meaningful activity.
- 2. Psychology's role:**
Neuropsychology's role is to serve as diagnostic consultants to interdisciplinary staff, describe patient's cognitive status, strengths and limitations, comment on short and long-term cognitive prognosis, develop and implement cognitive rehabilitation treatment plans, lead cognitive consensus, complete decision making capacity evaluations, and provide psychoeducation to patients and their families.
Rehabilitation Psychology's role is to be an integral member of the interdisciplinary team involved in diagnosis, treatment planning and implementation, behavioral management planning, providing psychoeducation to patients and families, consultation to other team members and teams, lead mental health rounds, and provide psychological care to patients who sustained a recent life-altering physical and neurological trauma.
- 3. Other professionals and trainees:** Physiatrist (medical specialty of physical medicine and rehabilitation), occupational therapists, physical therapists, nurses, social workers, speech and language pathologists, psychiatrist, recreation therapists, low-vision specialists, military liaisons, as well as psychology interns, fellows and other discipline-specific trainees.
- 4. Nature of clinical services:**
Neuropsychology: Comprehensive neuropsychological and personality assessment with feedback to the interdisciplinary team as well as to the patient; decision making capacity evaluations; cognitive rehabilitation individual and group based interventions, and psychosocial adjustment and wellness groups (each group for 3 months); leading cognitive consensus to develop individualized plan for taught-on-PTRP compensatory strategies based on patient's neuropsychological, speech pathology, and occupational assessment profiles; education on brain-behavior relationships to patients, family, and staff of the effects of neurological impairment on behavior and emotions. Repeat neuropsychological assessments are administered at admission, mid-treatment, and at discharge.
Rehabilitation Psychology (optional and available): Individual, couples, and group psychotherapy; behavioral management planning and implementation; psychoeducation to the interdisciplinary treatment team, patients, and their families on the effects of neurological impairment on behavior and emotions, as well strategies for behavioral management and emotional regulation; psychosocial adjustment and wellness groups and cognitive rehabilitation groups (each group for 3 months); psychological assessment (rehabilitation psychology, behavioral medicine, and/or personality-based instruments as a supplement to clinical interview and behavioral observations in both clinical and community settings).
- 5. Fellow's role:** Fellows are full members of the interdisciplinary treatment team, working with all team members to help patients reach their rehabilitation goals. They serve as apprentices and take primary responsibility for performing all aforementioned roles of the staff neuropsychologist and/or rehabilitation psychologist under supervision and within the context of a supportive training environment.

6. **Supervision:** 1 hour per week individual supervision, 2 hours per week supervision in team sessions; drop-in consultation is encouraged, supervisors are available on site during the day (on the unit or via phone).
7. **Didactics:** 2 ½ hours biweekly in neuropsychology seminar, assigned by supervisor readings, educational interdisciplinary, PM&R, and psychology rounds, Polytrauma grand rounds/seminars, PTRP in-service presentation at the end of the rotation.
8. **Pace:**
Neuropsychology: One to two neuropsychological assessments weekly (typically 5-6 hour battery), with initial preliminary note within 24 hours following each visit and complete neuropsychological report within 5 days; co-lead cognitive rehabilitation groups (2x week for 3 months); lead psycho-social adjustment and wellness group (2x week for 3 months); decision making capacity evaluations on admission, mid-treatment, and at discharge; 1 case of individual psychotherapy with full admission intake, psychological assessment, treatment planning; attendance of interdisciplinary meetings (IDT on Monday afternoons weekly); participation in family meetings (1-2 over the admission course).
Rehabilitation Psychology (optional and available): One rehabilitation psychology assessment every two weeks, with preliminary note within 24 hours following each visit and complete rehabilitation psychology report within 5 days; carry a caseload of one to two individual psychotherapy patients (including treatment planning and implementation, providing individual treatment 1 to 4 x weekly per patient, consultation with staff as needed, and keeping current with all electronic charting); lead psycho-social adjustment and wellness group (2x week for 3 months); co-lead cognitive rehabilitation groups (2x week for 3 months); attendance of morning rounds and interdisciplinary meetings (IDT weekly on Mondays), participation in family meetings (1-2 over the admission course).

Reviewed by: Maya Yutsis, Ph.D.

Date: 7/14/2014

Memory Clinic (Building 5, 4th floor, PAD)

Supervisor: Lisa M. Kinoshita, Ph.D.

- 1. Patient population:** Medical and psychiatric outpatients, age 18-100+, primarily older adults with changes in cognitive functioning, memory concerns, or dementia and the patient's caregivers.
- 2. Psychology's role in the setting:** Direct clinical service, consultation, interdisciplinary team participation.
- 3. Other professionals and trainees:** The Clinic's staff consists of an interprofessional clinical team, including psychologists, psychiatrists, neurologists, internists, and nurses. Practicum students, interns, and postdoctoral fellows in clinical psychology, psychiatry and neurology.
- 4. Nature of clinical services delivered:** Clinical interview; neuropsychological screening; comprehensive neuropsychological and psychological assessments; feedback to interdisciplinary team members, referral sources, patient, and caregivers; individual, couples and family psychotherapy and cognitive retraining; interprofessional consultation.
- 5. Fellow's role in the setting:** Direct clinical service provider, consultant, interdisciplinary team member, liaison with other services. Administration, scoring, interpretation and report writing of neuropsychological screening and comprehensive neuropsychological and psychological assessment batteries, provide feedback to interdisciplinary team members, referral sources, patient and caregivers regarding outcome of evaluation, provide psychotherapy and cognitive retraining to patients and caregivers, work within an interdisciplinary team.
- 6. Supervision:** A minimum of 1 hour of individual supervision per week with additional supervision individual and/or group supervision as needed. Supervisor will observe fellow during sessions with patients (live supervision) as well as review verbal and written reports and case presentations. Fellow can also obtain experience supervising practicum students and receive supervision on their supervision. Fellow may also receive training in clinic coordination and management.
- 7. Didactics:** Weekly interdisciplinary clinical team meetings, one-on-one training in neuroradiology, observation of neurological exams, neuropsychology and geropsychology seminar, cognitive retraining group supervision and didactics, pertinent psychiatry, neurology and neurosurgery Grand Rounds at Stanford.
- 8. Pace:** Fellows will have 1-3 neuropsychological assessment patients per week and 1-2 psychotherapy or cognitive retraining patients per week. Progress notes are required for each patient contact within 24 hours. Final assessment reports are expected to be completed within 2 weeks following completion of evaluation.

Reviewed by: Lisa Kinoshita, Ph.D.

Date: 7/23/2014

Neuropsychological Assessment and Intervention Clinic (Building 6, PAD)

Supervisor: Harriet Katz Zeiner, Ph.D

Patient population: Medical patients, aged 18 to 65, with neurological impairments, sometimes with psychiatric co-morbidities, usually PTSD, or depression. Most patients are neurologically impaired: traumatic brain injury, tumor, anoxic injury, learning disabilities, or have suspected cognitive decline of unknown origin. Some are multiply diagnosed with medical and psychiatric problems. Diagnosis often is uncertain at time of referral. The patient population is diagnostically and demographically diverse, and is living in the community. About 20% are women.

Psychology's role in the setting: We serve as diagnostic and treatment consultants to interdisciplinary staff throughout the medical center, and provide psychoeducation, cognitive retraining and individual psychotherapy (CRATER Therapy) to patients with neurological impairments and their families.

Other professionals and trainees: Neuropsychology practicum students, Psychology interns and Psychology postdoctoral fellows.

Nature of clinical services delivered: We evaluate patients' cognitive and mental status, strengths and deficits, to make differential diagnoses between neurologic and psychiatric components of cognitive deficit or psychiatric disorder, and to make recommendations for management and treatment. Interns are expected to treat some of the patients, as well as their families in individual therapy with a focus on cognitive remediation, after the initial assessment. Cognitive deficits treated include difficulties with memory, attention, spatial abilities, speed of information processing, ability to multitask, impose order on the environment, or be socially appropriate. C.R.A.T.E.R. Therapy is taught for the treatment of patients with neurological impairment. Modified Prolonged exposure therapy is sometimes embedded in a CRATER Therapy framework for patients with co-morbid cognitive impairment and PTSD. In CRATER Therapy, most patients are seen by the same therapist who also treats their significant other.

Fellow's role: Fellows take primary responsibility for diagnostic evaluation of cases that they choose from referrals made to the clinic. They select, administer, score, and interpret a battery of tests that is appropriate to address the referral question. Reports are written for the referring clinician based on the test results, the history, and interview data with patients and sometimes, their family members. Feedback is given to patients and/or their families. Some patients are seen for cognitive retraining and individual and/or family psychotherapy (CRATER Therapy) and training with software and electronic prosthetic devices. Fellows also supervise practicum students, and learn to run an outpatient consulting clinic. One on-call consultation day/month is expected for neuropsychological consultation services to the acute medical units.

Amount and type of supervision: Individual supervision (1 hour) is provided on a weekly basis, additional drop-in consultation is encouraged. Group supervision over cognitive retraining/psychotherapy is given for an additional 1 hour per week.

Didactics: A 1.5 hour per week didactic and group supervision meeting is required. Attendance at Grand Rounds in psychiatry, neurology and/or neurosurgery is encouraged. Arrangements can be made to observe brain cutting in the Neuropathology Laboratory. Attendance at the Neuropsychology/Geropsychology/Rehabilitation Seminar weekly is preferred.

Pace: Fellows typically carry 4 cases at a time to evaluate. Time to test a patient and do the write-up optimally would be 30-45 working days. Preliminary feedback notes to the referral source are encouraged. Rate of writing is adjusted to optimize the quality of the analysis and to conform to the experience level of the Fellow. Providing patients and referral sources with treatment recommendations is emphasized. Fellows are expected to provide up to 4 hours per week of psychotherapy with neurologically impaired individuals or individuals and their family members. Cognitive retraining is often embedded in the psychotherapy (CRATER Therapy).

The Neuropsychological Assessment and Intervention Clinic provides diagnostic psychological and neuropsychological testing and treatment services to the Palo Alto Division by consultation. Referrals are

primarily from the General Medicine Clinics, primary care physicians, staff psychologists, psychology fellows, psychiatrists, medical and psychiatric residents and staff, and other health care professionals who all send referrals for evaluation of patients who present complex diagnostic problems.

A very diverse age range of patients from 18 to 65 with neurological or neurological and co-morbid psychiatric disorders are routinely assessed to evaluate their intellectual, memorial, mental status, personality, and neuropsychological functioning. Our clinical role is diagnosis, evaluation and treatment recommendations based on the patient's unique pattern of cognitive strengths and weaknesses, as well as individual and family psychotherapy and cognitive remediation (CRATER Therapy). The goal is to provide comprehensive behavioral and cognitive assessment services, treatment recommendations, and some treatment services to aid medical team personnel in planning an individualized program for each patient.

The number of cases seen depends on the Fellow's schedule, motivation, experience, and case complexity. We emphasize quality over quantity of experience in skill building and professional service delivery. Basic assessment of intellectual functioning, memory functions, neuropsychological functioning and personality/mental status assessment, mastery of how to conduct individual and couples psychotherapy with patients with neurological impairment (CRATER Therapy), and training in cognitive remediation are the skill areas to be mastered. The tests used to achieve these goals will vary with the assets and limitations of the patient. Goals for training will be set individually for each Fellow in consultation with the supervisor at the outset of the training period and are modified as is necessary.

We provide each Fellow with exposure to a wider range of clinical experience than is available at a university clinic. Experiences with patients with: brain damage, physical impairment, co-morbid PTSD, depression, anxiety, psychosis or personality disorder are usually new to Fellows who train on this unit.

Supervision is weekly and typically is individualized with the supervising neuropsychologist. There is also group supervision of five or six persons who share very similar interests and skills. There is a significant didactic element in the clinic; Fellows are expected to do a considerable amount of reading and teaching. The emphasis area is on Rehabilitation psychology and Neuropsychology, both assessment and treatment.

Reviewed by: Harriet Zeiner, Ph.D.
Date: 9/11/14

Spinal Cord Injury Service (Building 7, PAD)

Supervisors: Stephen Katz, Ph.D.

TBD

See description in Geropsychology emphasis area description.

Spinal Cord Injury Clinic (Building 7, F wing, PAD)

Supervisor: Jon Rose, Ph.D.

See description in Geropsychology emphasis area description.